

FILE COPY

730.37246X00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Carl EKLUND

Serial No.: 09/429,626

Filed: October 29, 1999

For: METHOD AND APPARATUS FOR INITIATING COMPRESSION
OF HEADERS OF PACKETS AND REFRESHING THE
CONTEXT RELATED TO THE PACKETS

Art Unit: 2818

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

February 18, 2000

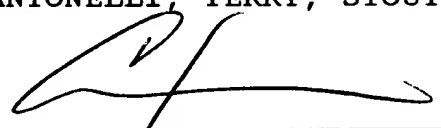
Sir:

Attached hereto is the Official Filing Receipt for the
above-identified application, wherein it is noted that the
Attorney Docket No. is incorrect. Delete the Attorney Docket
No. and insert -- 730.37246X00 --.

Accordingly, it is respectfully requested that a
corrected filing receipt be issued.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS


Carl I. Brundidge
Registration No. 29,621

CIB:alw
(703) 312-6600

TC 2800 MAIL ROOM

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Bib Data Sheet

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Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS
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SERIAL NUMBER 09/429,626	FILING DATE 10/29/1999 RULE -	CLASS 709	GROUP ART UNIT 2756	ATTORNEY DOCKET NO. 730.37246X00
APPLICANTS CARL EKLUND, HELSINKI, FINLAND; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/24/1999 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		STATE OR COUNTRY FINLAND	SHEETS DRAWING 11	TOTAL CLAIMS 30 INDEPENDENT CLAIMS 3 RECEIVED MAR 28 2000 TC 2700 MAIL ROOM
ADDRESS ANTONELLI TERRY STOUT AND KRAUS SUITE 1800 1300 NORTH SEVENTEENTH STREET ARLINGTON, VA 22209				
TITLE METHOD AND APPARATUS FOR INITIATING COMPRESSION OF HEADERS OF PACKETS AND REFRESHING THE CONTEXT RELATED TO THE PACKETS				
FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	